



## Spiritual Needs among Patients with Mental Disorders: A Scoping Review

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## **ABSTRACT**

*Mental disorders are currently a global problem that occurs in many communities. Lack of mental health treatment can worsen the condition of patients with mental disorders. Spiritual needs as human needs such as those of ODGJ patients that are fulfilled can provide strength in facing a problem. The aim of this research is to explore the spiritual needs of mental disorder patients. The design of this research used a scoping review. The keywords used are "Patient with Mental Disorders" AND "Spirituality" OR "Spiritual Needs" OR "Spiritual Care". The results of the research showed that there were 13 articles analyzed showing that the level of spirituality among ODGJ was good, but their spirituality needs had not been met. The level of spiritual awareness of people with mental disorders is in the medium - low range. Mental health well-being is influenced by the patient's experiences with himself, with others, with nature, and connecting with the transcendent. Spirituality can help overcome mental health problems by expressing trust in God for healing and health. It is recommended that nurses be able to pay attention to aspects of spiritual needs in spiritually centered mental health services, not just focus on administering medication.*

*Keywords: mental disorders, patients, spiritual needs*

## **ABSTRAK**

*Masalah gangguan jiwa saat ini merupakan masalah global yang banyak terjadi pada masyarakat. Kurangnya penanganan kesehatan jiwa dapat memperparah kondisi pasien dengan gangguan jiwa. Kebutuhan spiritual sebagai kebutuhan manusia seperti pasien ODGJ yang terpenuhi dapat memberikan kekuatan dalam menghadapi suatu permasalahan. Tujuan penelitian ini adalah untuk mengeksplorasi kebutuhan spiritual pasien gangguan jiwa. Desain pada penelitian ini menggunakan scoping review. Kata kunci yang digunakan adalah "Patient with Mental Disorders" AND "Spirituality" OR "Spiritual Needs" OR "Spiritual Care". Hasil penelitian menunjukkan terdapat 13 artikel yang dianalisis menunjukkan tingkat spiritualitas pada ODGJ baik, namun kebutuhan spiritualitasnya belum terpenuhi. Tingkat kesadaran spiritual penderita gangguan jiwa berada pada kisaran sedang – rendah. Kesejahteraan kesehatan mental dipengaruhi oleh pengalaman pasien dengan dirinya sendiri, dengan orang lain, dengan alam, dan berhubungan dengan yang transenden. Spiritualitas dapat membantu mengatasi masalah kesehatan mental dengan mengungkapkan kepercayaan kepada Tuhan untuk kesembuhan dan kesehatan. Disarankan agar perawat mampu memperhatikan aspek kebutuhan spiritual dalam pelayanan kesehatan jiwa yang berpusat pada spiritual tidak hanya fokus pada pemberian obat.*

*Kata kunci: gangguan jiwa, pasien, kebutuhan rohani*

## **INTRODUCTION**

Mental disorders are clinically meaningful patterns of behavior that are closely related to distress and cause one or more functions of human life. Previous survey results showed that there was an increase in the prevalence of mental health sufferers from 1.7% to 7%,. Indonesian Ministry of Health, (2018) shows that as much as 6% of the population in Indonesia experiences mental health problems. Whereas in West Java itself the number of severe mental disorders such as schizophrenia / psychosis is 4.97 / mile where the proportion of residence is 4.62% in urban areas and 5.92% in rural areas. This high number shows that the problem of mental disorders in the community is still unresolved.

Schizophrenia is one of the mental disorders with a complex syndrome characterized by deviations from thoughts, perceptions and unnatural affections, as well as cognitive decline, as for the typical symptoms of schizophrenia, namely hallucinations, delusions, apathy, infrequent speech which results in social withdrawal and decreased social performance (Maslim, 2013). One of the impacts if not addressed of the hallucinatory symptoms that occur is hysteria, a sense of weakness and inability to achieve goals, excessive fear, and bad thoughts (Akbar & Rahayu, 2021). Other research according to Solar et al. (2022), auditory-vernal hallucinations can result in prolonged stress, suicide, substance use, and reduced physical health. According to Moller, 2009 schizophrenia patients have symptoms that cause social and occupational dysfunction such as disruption in work,

lack of interpersonal relationships, decreased ability to care for themselves and also death or death (Alquwez & Alshahrani, 2021; Dutra & Rocha, 2021). Therefore, in addition to pharmacological treatment, health professionals need to improve non-pharmacological practices, one of which is religious practice based on the spiritual needs and personal beliefs of patients.

Spiritual needs as a whole human need include patients with mental disorders. Patients and families need to fulfill spiritual needs in finding the meaning of life that is being faced including suffering from pain and in order to continue to feel loved by fellow humans and God (Hamid, 2014). The role of nurses in dealing with schizophrenia patients includes providing nursing care to schizophrenia patients must include bio psycho social and spiritual needs, spiritual needs have positive impact on mental health status patients (Steger & Godinez, 2022; Yosep et al., 2022). Spirituality works by bringing human interactions closer to God. Because a sick person becomes weak in every manner, no one can help him recover save the Creator (Setiawaty & Yuliana, 2021; Skoko et al., 2021). Spirituality can sustain or repair beliefs, satisfy religious responsibilities, and fulfill transcendent or sacred ideas and behaviors held by particular groups of people (Clark & Emerson, 2021).

Previous research shows that spirituality is an important aspect in the care process for patients with mental disorders. Other research also shows that mental disorder patients pay less attention to spiritual needs during the patient's treatment period (Lestari et al., 2021). Previous review show there is significant relationship between treatment compliance with spiritual needs among patients (Kasihani & Syarifuddin, 2019; Khorsandi et al., 2020).

In addition, meeting the needs of spirituality is something that cannot be ignored and has been proven to provide strength to patients when facing an illness or problem (Kasihani & Syarifuddin, 2019). Based on these problems, this paper outlines a systematic approach by reviewing the literature which aims to determine the spiritual needs among patients. The purpose of this study is to explore of spiritual needs among mental disorder patients.

## **METHOD**

This study used a scoping review design. This method has a wide conceptual range to explore various topics to explain the spiritual needs of people with mental disorders (Peterson et al., 2017). The method used in writing this evidence-based practice is the literature search process on the Google Scholar, Garuda, PubMed and CINAHL databases. This literature search process begins with identifying the research question in the form of "What are the spiritual needs of patients with mental disorders?"

The keywords used in searching this article are "Patient with Mental Disorders" AND "Spirituality" OR "Spiritual Needs" OR "Spiritual Care". The inclusion criteria for the article search were: articles that discuss spiritual needs in patients with mental disorders, full text articles, published in the last 10 years (2013-2023), articles in English and Indonesian. Then the exclusion criteria for this study are abstracts or summaries not in English and Indonesian, interventions that do not discuss spiritual needs in patients with mental disorders, as well as articles in the form of proceedings, theses, editorials, and research protocols.

The authors used the PRISMA diagram for Scoping Review to select articles from three databases. The authors search four databases of articles, then the author selects articles based on inclusion criteria (Figure 1). After that, the authors used Mendeley for article selection based on article duplication. Then the authors selected articles based on full-text. The author makes the selection by discussing between the two writers. If there is a conflict of opinion between the two authors, the third author is invited to provide an additional assessment of the full-text article.

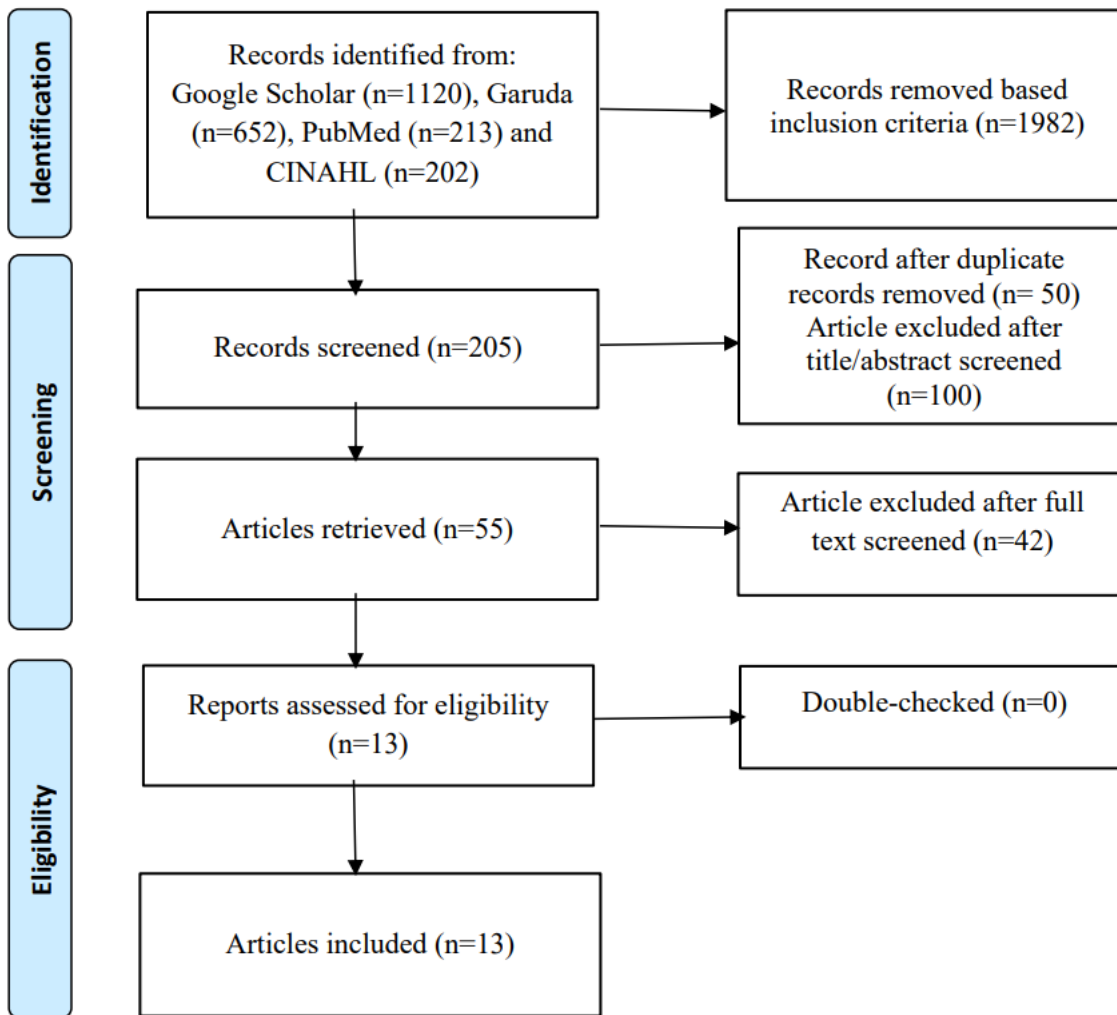


Figure 1. PRISMA Flow Diagram

Data tabulation was carried out for data collection in this study. Data tabulation used a manual table created by the author containing Author and Year, country, purpose, Design, Sample, Intervention/Instrument Research, and Results data. The authors summarized the results of the research from the articles read and then inserts them into the table. After that, the authors describe the results of the findings by comparing the research results from the articles obtained.

## RESULTS AND DISCUSSION

A review of the literature found regarding spiritual needs in patients with mental disorders found 13 research articles that have been analyzed. The articles analyzed were conducted in 8 articles in Indonesia and 1 article each in India, Mexico, Bosnia and Herzgowina, Hong Kong, and Brazil. The research designs used were 3 descriptive quantitative articles, 4 descriptive qualitative articles, 2 experimental articles, and 1 case report article, 1 descriptive correlation, 1 analytic correlation, and 1 survey. The total sample size was approximately 753 participants consisting of 237 schizophrenia patients, 75 bipolar patients, 102 depression patients, 246 people with mental disorders, 74 healthy participants, and 19 health professional participants.

Of the 13 articles, we found that 6 articles discussed the level of spirituality where it was found that the level of spirituality in people with mental disorders was at a good level of spirituality (Table 1). The description of spirituality needs with experiences felt by people with mental illness and healthy

people was found in as many as 6 articles. Innovations in spiritual care were described in 1 article regarding care actions that can be taken in spirituality.

No	Author and Year	Country	purpose	Design	Sample	Intervention/Instrument	Research Results
1	(Saputra et al., 2022)	Indonesia	Overview of the fulfillment of spiritual needs in depressed patients	Descriptive quantitative	30 people with depressed patients	Instruments: The definition of a characteristic, trait, or measure possessed by someone or something that can be a differentiator or characterizer.	Most of the respondents, namely 19 people (63.3%) had a moderate level of spirituality while 11 respondents (36.7%) had a high level of spirituality.
2	(Rahmawati et al., 2023)	Indonesia	the relationship spiritual needs with motivation for healing in schizophrenia patients.	Descriptive quantitative cross sectional.	63 schizophrenia patients	Instruments: Instrument-tested questionnaire	There is a significant relationship between spiritual needs and motivation (p=0.002)
3	(Wibawa & Nurhidayati, 2020)	Indonesia	To increase adaptive coping behavior and expand sources of strength in patients.	Case report	6 people with mental illness	Spiritual Care	The post test scores have increased, after the patient participated in the activity for 4 days.
4	(Kasihani & Syarifuddin, 2019)	Indonesia	Analyzing the behavior of spirituality towards the application of spirituality in mentally ill patients	Descriptive correlation	41 people with mental illness	Instruments: Instrument-tested questionnaire	There is a relationship between knowledge of spirituality and the application of spirituality in patients with a <i>p-value</i> (0.03), spirituality with a <i>p-value</i> (0.02).

5	(Septiarini et al., 2018)	Indonesia	relationship between fulfilling spiritual needs and level of mental status	Descriptive quantitative	69 patients	Instruments: Spiritual fulfillment questionnaire <i>Mini Mental State Examination (MMSE)</i> questionnaire.	Significant relationship between spiritual needs and mental status (p=0.000)
6	(Miniharianti et al., 2023)	Indonesia	Knowing the relationship spiritual needs with motivation for healing in schizophrenia patients	Analytic correlation	63 schizophrenia patients	Instruments: Spirituality questionnaire	Significant relationship between spiritual need with motivations
7	(Grover et al., 2018)	India	Assessment factor affecting spiritual needs patient	Experiment	284 participants with 72 depressed patients, 75 bipolar patients, 63 schizophrenia patients, and 74 healthy participants	Instruments: Young Mania Rating Scale (YMRS), Duke Religion Index (DUREL), Spiritual Attitude Inventory (SAI), Hamilton Depression Rating Scale (HDRS), and Existential Well-Being Scale (EWBS)	The factors are depression, well-being, and spiritual attitude
8	(Ariyani & Mamnu'ah, 2014)	Indonesia	effect of fulfilling spiritual needs on quality of life	Quasi experiment	24 schizophrenia patients	Instruments: Quality of life questionair, Observation sheet	Fulfilling spiritual need have an significant effect on quality of life
9	(Stege & Godinez, 2022)	Mexico	Religious and spiritual practices that aid in the treatment of mental illness.	Qualitative study	19 mental patients and family members	Structured interview using the Culture Formulation Interview	Positive religious coping, such as entrusting pain to God, negative religious coping, such as detrimental beliefs of God as retribution, and traditional healing procedures, such as consultation with doctors, are all examples of

							coping.
10	(Skoko et al., 2021)	Bosnia and Herzegovina	demonstrating that individuals of religion manage more readily and effectively with the threats that can harm mental health	Survey	102 patients	Anxiety, depression, and quality of life scale	Significant relationship between anxiety, depression, and quality of life with spiritual need
11	(Ho et al., 2016)	Hong Kong	meaning and role of spirituality and mental health	Qualitative study	18 schizophrenic patients and 19 mental health professionals	In depth interviews	Spiritual have effect on motivation and mental health status
12	(Irawati et al., 2023)	Indonesia	Religious activities and spiritual well-being	Qualitative study	6 schizophrenic patients who were hospitalized in the Mental Hospital	Theme questions: spiritual activities, the situations, feel when spiritual activities	This study yielded five themes: frequency, time, impediments to completing religious activities, influence on health status, and negative impact if religious activities are not performed.
13	(Salimena et al., 2016)	Brazil	meaning of spirituality	Qualitative study	9 mental patients	questions: spiritual activities in daily life	Spirituality is a form of mental health therapy.

Table 1. Extraction Data

### Spirituality Level

A total of 4 articles in articles 2, 5, 6, 8 show the factor affecting spirituality is fulfillment of spirituality needs, quality of life, and motivation for healing treatment. Then article 4 analyzes the behavior of spirituality which has a relationship between spirituality with knowledge and spirituality actions but there is no relationship on the patient's attitude. Then article 1 shows the spirituality of ODGJ patients at a moderate level so that the fulfillment of spirituality needs has not been fulfilled. In article 1, a moderate level of spirituality was found in depressed patients. This is due to depressed patients using their time to worship God. In article 2, spiritual activity was found to be in the good category with daily activities carried out independently. This is related to the spiritual character of each individual in order to always remember the creator and improve the condition of the soul. These spiritual activities help patients carry out social activities so that their level of independence increases.

According to article 5, the majority of people with mental problems have a decent spirituality level, and there is a link between fulfilling spiritual demands and mental health. This change is impacted by biological, psychological, environmental, and socio-cultural elements such as interaction, family support, and social change. The level of mental status is determined by evaluating relapse rates, medication adherence, interpersonal communication skills, and the capacity to count. Article 6 highlights the relationship between spiritual needs fulfillment and motivation for rehabilitation in schizophrenia patients. Spiritual beliefs are a source of strength (motivation) and healing for patients, indicating this.

The level of spirituality examined in article 8 explains the fulfillment of spirituality needs that affect the quality of life of schizophrenia patients. This is because spirituality enables a person to cope with problems in life by giving structure to experiences, being a source of peace, giving a sense of security and strength and generally facilitating a feeling of well-being. Subsequently, spirituality is used to cope with daily difficulties as a coping method that provides positive affect, encouragement, hope and greater life satisfaction. Spiritual and religious involvement contributes to the quality of life of patients with schizophrenia. The action of spirituality in the form of behavior was examined in article 4. In this article, it was found that there is a relationship between knowledge of spirituality and actions of spirituality with the application of spirituality. High knowledge in patients with mental illness leads to awareness in patients to perform spiritual behaviors. In addition, patients with spiritual knowledge have the belief that only God will provide healing from their illness.

### **Spiritual Needs**

A total of 6 articles described the people with mental illness have low spiritual levels (Grover et al., 2018). In line with previous research which shows that people with mental illness who have impaired thought processes have a low spiritual level because they have delusions of spiritual beliefs (Stege & Godinez, 2022). However, in article 10 it was found that depressive or anxiety affecting spiritual needs. For improving spirituality, there need to improve self-actualization, the ability of humans to realize their own potential and rational thinking, the behavior of forming interpersonal relationships with an attitude of openness to change, and the ability to take over responsibility (Skoko et al., 2021). Mental disorders can occur in everyone, including religious people.

Spiritual needs are important to fulfill in patients with mental disorders. Fulfilling spiritual needs can increase love and compassion and the ability to control symptoms of mental disorders. Patients become more stable and have positive coping in overcoming problems. Fulfilling spiritual needs requires health workers to provide comprehensive services to patients (Ho et al., 2016). According to Salimena et al., (2016) in article 13, Spiritual therapy is a supporting therapy to help patients control their emotions and daily activities. Spiritual activities such as praying, giving thanks, and being patient with God's decisions are efforts to improve the quality of patients' mental health.

The 12th article examines the importance of spirituality from an Islamic perspective, including frequency, time, hurdles to participating in religious activities, the impact on health status, and the negative impact of not participating in religious activities. Religious practices like as prayer and dhikr are still performed five times a day for inpatient schizophrenic patients who are not menstruating. Patients participate in religious activities for a variety of reasons, including worry, restlessness, joy, thankfulness, and sentiments of familial bereavement. The primary barriers to praying and dhikr are insufficient prayer instruments and the Qur'an, as well as the patient's physical state (Irawati et al., 2023).

## **Spirituality Needs Fulfillment Actions**

Based on 1 article that resulted in innovation in meeting spiritual needs using the "Spiritual Care" method was found in article 3. The innovation focuses on how to express the needs of patients, give strength to patients and empower them in relation to their illness. The results of the research in article 3 prove that there is an impact on patients with a minimum level of knowledge and understanding of their relationship with God, self and others related to their maladaptive behavior. This innovative method of spiritual care focuses on the patient to express the patient's needs, gives the patient strength and empowers them in relation to their illness, and does not promote religion or practices to convince the patient of their religion.

## **DISCUSSION**

Mental health is important to increase productivity in carrying out daily activities. In achieving complete mental health, individuals can self-actualize by realizing their own potential and rational thinking, purposeful behavior and the formation of interpersonal relationships, being open to change, and the ability to take over responsibility (Skoko et al., 2021; Stege & Godinez, 2022). Mental health welfare can help patients with mental disorders to maintain spirituality so that they are able to control emotions, maintain a relationship with God, and maintain relationships with humans. This can help patients to realize their abilities and realize that God has given the individual the best plan. This is in line with previous research which shows that spirituality has an important role in schizophrenia patient (Grover et al., 2018).

Spirituality is a key source of transcendence in human self-belief, as well as a means of sustaining hope and forging a new existence. Spirituality is regarded as vital for the birth of the individual as well as the resolution of social conflict and devastation by people (Tao et al., 2022). Spirituality is defined as faith in God, also known as "the living" and "the ruler" (Salimena et al., 2016). The dimension of connection with oneself is separated into personal and communal domains, with the personal domain containing personal aspects such as sense of self, philosophy of life, recovery from acute sickness, and peace. Then there's the community world, which includes components of interpersonal interactions and supernatural entities like religion, interpersonal relationships, and apparitional experiences (Ho et al., 2016).

Previous study showed that spiritual needs are an important for improving quality of life patients (Clark & Emerson, 2021). Spiritual needs that are well met make patients with mental disorders have more stable emotions. Previous research also shows that patients with mental disorders who are trained about their spiritual needs have higher motivation to recover (Alquwez & Alshahrani, 2021; Harris & Tao, 2022; Maier et al., 2022). This data shows that fulfilling spiritual needs will increase life expectancy for patients with mental disorders.

Activities carried out by practicing the religion adhered to, the need to be loved and forgiven by God, and must be maintained in order to get help, calmness, safety, strength, comfort and healing (Miniharianti et al., 2023). When someone is unwell, their relationship with God gets even deeper, because a sick person becomes weak in every manner, and no one can bring him back to health but the Creator (Kasihani & Syarifuddin, 2019). Then, spirituality has a function as a self-reminder to avoid unhealthy mental conditions with structured spiritual activities so that it becomes an effort for healing such as helping psychological conditions and becoming calm, relaxed, and recovering from physical complaints (Rahmawati et al., 2023; Saputra et al., 2022).

Mental health problems occur because individuals find it increasingly difficult to carry out life due to increasing psychosocial stressors such as the increasingly modern culture of society that makes it difficult to control. Psychosocial stressors can be caused by the disease suffered by the patient, thus

increasing the pressure on patients with mental disorders (Septiarini et al., 2018). Fulfillment of spiritual needs can be done spiritual care by exploring the spiritual experiences experienced by patients and delivering spiritual values material to patients by explaining the purpose and meaning of life, the purpose and meaning of death, health and meaning, and relationships with God, self and others (Wibawa & Nurhidayati, 2020). Treatment with a spiritual approach can increase internal strength, increase self-esteem, and self-motivation, and k. Spirituality influences the healing process which motivates patients to heal, thus creating hope in their recovery (Miniharianti et al., 2023).

Measures to meet spiritual needs can be implemented with several methods including support for religious practices, praying, carrying out worship practices in accordance with and referring patients for spiritual counseling (Irawati et al., 2023) Dhikr and prayer therapy works on the brain cortex by moving brain waves that affect mentality and behavior such as regulating breathing. The benefits can cause motivation, eliminate sadness, stress, anxiety and depression (Saputra et al., 2022). This is because prayer and dhikr contain spiritual aspects that might give someone who is unwell hope and self-confidence (Ariyani & Mamnu'ah, 2014). Reading and listening to religious lectures, on the other hand, boosts faith by bringing one closer to God. According to previous research, meeting spiritual needs enhances positive perceptions of the meaning of life, hope, religion, and self-strength. Prayer movements stimulate sympathetic and parasympathetic nerves, allowing the body to relax, boost comfort and happiness, improve quality of life, and improve cognitive performance. During difficult circumstances, praying is a means to interact with and increase trust in God (Irawati et al., 2023).

In Computed Tomography and Magnetic Resonance Imaging brain structure images, people with mental problems, particularly schizophrenia, show reduction of brain volume (Septiarini et al., 2018). Psychoreligious therapy activities are useful in increasing emotional stability in patients. After being accepted by the brain stem, information is sent to one of the large brain's regions, such as the thalamus (Kasihani & Syarifuddin, 2019). Furthermore, hippocampal signals are transmitted to secrete GABA, which is responsible for modulating emotional reactions as well as suppressing acetylcholine, serotonin, and other neurotransmitters that promote cortisol production, allowing the homeostasis (balancing) process to take place.

Individuals with good spirituality can also supply positive beliefs in the healing process (Skoko et al., 2021). Mental diseases, according to Chinese tradition, are caused by moral mistakes that violate current or previous lives, a weak character, and disrespect for ancestors. Religious faith is practiced through the presence of God, Jesus, and the saints in daily life. Believing in and appreciating the spiritual dimension of care is accomplished by improving therapeutic communication, interpersonal relationships, the patient's independence, and dignity. It also ensures that society's rights are honored. Spiritual health is intimately tied to a person's belief that God will supply wisdom during his or her life journey (Salimena et al., 2016).

Religious beliefs operate as protective, healing, and mitigating elements for people who suffer from mental illnesses. Spirituality in Mexico is supported by religious and social communities through *consejos*, or advice-giving. This assistance is provided by priests in the form of advise or counsel to help patients cope with daily difficulties such as migration, financial challenges, food and housing problems. Spiritual activities include seeking counsel, attending church, praying, conversing with God, committing their pain to God, and believing in God (Stege & Godinez, 2022).

## LIMITATION OF THE STUDY

The limitation of this study is that the articles reviewed are only from the last ten years. As a result, the author is unable to summarize prior studies on spiritual requirements in people with mental problems. This study is additionally constrained by the four databases used, as it does not include papers from other databases.

## CONCLUSIONS AND SUGGESTIONS

The scoping review results revealed that 13 papers were evaluated, and it was discovered that the level of spirituality of ODGJ was moderate to low, but their spirituality demands had not been met as a whole. Spirituality is a major source of transcendence in human faith, as well as a means of supporting hope and building a new existence. Spirituality is regarded as vital for the birth of the individual as well as the resolution of social conflict and devastation by people.

Devotion, prayer (supplication), recitation of the Qur'an, dhikr, Prophetic Medicine, charity, salawat, praying, and fasting are all spiritual cultural treatments in Islam. Spirituality is practiced under the influence of Chinese culture by emphasizing mental calm and the practice of meditation and mindfulness. Based on the scoping review, it is hoped that it can be used to someone with mental issues and that it will strengthen the reader's knowledge of meeting spiritual requirements. Then, as healthcare professionals, nurses can pay more attention to spiritual needs in spiritual-centered mental health care services, rather than only delivering medications. Future research should look into the elements that influence spiritual demands in people with mental illnesses, according to the recommendations.

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### Conflict of Interest Statement

The authors declare no conflict of interest in this study.

## REFERENCES

- Akbar, A., & Rahayu, D. A. (2021). Terapi Psikoreligius: Dzikir Pada Pasien Halusinasi Pendengaran. *Ners Muda*, 2(2), 66–72. <https://doi.org/10.26714/nm.v2i2.6286>
- Alquwez, N., & Alshahrani, A. M. (2021). Influence of Spiritual Coping and Social Support on the Mental Health and Quality of Life of the Saudi Informal Caregivers of Patients with Stroke. *Journal of Religion and Health*, 60(2), 787–803. <https://doi.org/10.1007/s10943-020-01081-w>
- Ariyani, S., & Mamnu'ah. (2014). Pemenuhan Kebutuhan Spiritual Mempengaruhi Kualitas Hidup Pasien Skizofrenia. *Jurnal Kebidanan Dan Keperawatan*, 10(1), 64–76.
- Clark, M., & Emerson, A. (2021). Spirituality in Psychiatric Nursing: A Concept Analysis. *Journal*

of the American Psychiatric Nurses Association, 27(1), 22–32.  
<https://doi.org/10.1177/1078390320902834>

- Dutra, C. C. D., & Rocha, H. S. (2021). Religious Support as a Contribution to Face the Effects of Social Isolation in Mental Health During the Pandemic of COVID-19. *Journal of Religion and Health, 60*(1), 99–111. <https://doi.org/10.1007/s10943-020-01140-2>
- Grover, S., Dua, D., Chakrabarti, S., & Avasth, A. (2018). Religiosity and Spirituality of patients with severe mental disorders. *Indian Journal of Psychiatry, 59*(4), 162–170. <https://doi.org/10.4103/psychiatry.IndianJPsychiatry>
- Hamid, A. Y. (2014). *Buku Ajar Spiritual Dalam Keperawatan*. Widya Medika.
- Harris, S., & Tao, H. (2022). The Impact of US Nurses' Personal Religious and Spiritual Beliefs on Their Mental Well-Being and Burnout: A Path Analysis. *Journal of Religion and Health, 61*(3), 1772–1791. <https://doi.org/10.1007/s10943-021-01203-y>
- Ho, R. T. H., Chan, C. K. P., Lo, P. H. Y., Wong, P. H., Chan, C. L. W., Leung, P. P. Y., & Chen, E. Y. H. (2016). Understandings of spirituality and its role in illness recovery in persons with schizophrenia and mental-health professionals: A qualitative study. *BMC Psychiatry, 16*(1), 1–11. <https://doi.org/10.1186/s12888-016-0796-7>
- Irawati, K., Indarwati, F., Haris, F., Lu, J. Y., & Shih, Y. H. (2023). Religious Practices and Spiritual Well-Being of Schizophrenia: Muslim Perspective. *Psychology Research and Behavior Management, 16*(March), 739–748. <https://doi.org/10.2147/PRBM.S402582>
- Kasihani, & Syarifuddin. (2019). Analisis Perilaku Spiritual Terhadap Penerapan Spritual pada Pasien Gangguan Jiwa di Rumah Sakit Jiwa Banda Aceh. *Journal of Healthcare Technology and Medicine, 5*(1), 124. <https://doi.org/10.33143/jhtm.v5i1.339>
- Kemendes RI. (2018). Hasil Riset Kesehatan Dasar Tahun 2018. *Kementrian Kesehatan RI, 53*(9), 1689–1699.
- Khorsandi, F., Parizad, N., Feizi, A., & Hemmati MaslakPak, M. (2020). How do parents deal with their children's chronic kidney disease? A qualitative study for identifying factors related to parent's adaptation. *BMC Nephrology, 21*(1), 509. <https://doi.org/10.1186/s12882-020-02170-4>
- Lestari, R., Yusuf, A., Hargono, R., Setyawan, F. E. B., Hidayah, R., & Ahsan, A. (2021). Adapting to People With Schizophrenia: A Phenomenological Study on a Rural Society in Indonesia. *Indian Journal of Psychological Medicine, 43*(1), 31–37. <https://doi.org/10.1177/0253717620926847>
- Maier, K., Konaszewski, K., Skalski, S. B., Büssing, A., & Surzykiewicz, J. (2022). Spiritual Needs, Religious Coping and Mental Wellbeing: A Cross-Sectional Study among Migrants and Refugees in Germany. In *International Journal of Environmental Research and Public Health* (Vol. 19, Issue 6). <https://doi.org/10.3390/ijerph19063415>
- Miniharianti, Zaman, B., & Rabial, J. (2023). Hubungan Pemenuhan Kebutuhan Spiritual Dengan Motivasi Kesembuhan Pasien Skizofrenia Di Wilayah Puskesmas Kabupaten Pidie. *Jurnal Ners, 7*(1), 675–678.
- Parker, J. S., Purvis, L., & Williams, B. (2023). Religious/spiritual struggles and mental health among black adolescents and emerging adults: A meta-synthesis. *Journal of Black Psychology, 49*. <https://doi.org/10.1177/00957984221136800>
- Peterson, J., Pearce, P. F., Ferguson, L. A., & Langford, C. A. (2017). Understanding scoping reviews: Definition, purpose, and process. *Journal of the American Association of Nurse Practitioners, 29*(1), 12–16. <https://doi.org/10.1002/2327-6924.12380>
- Rahmawati, I. M. H., Rosyidah, I., & Tauhid, M. (2023). Aktivitas Spiritual Terstruktur Dengan Kemandirian Activity Daily Living (Adl) Pada Orang Dengan Gangguan Jiwa (Odggj). *Jurnal Insan Cendekia, 10*(1), 1–8. <https://doi.org/10.35874/jic.v10i1.1123>
- Salimena, A. M. de O., Ferrugini, R. R. B., Melo, M. C. S. C. de, & Amorim, T. V. (2016). Understanding spirituality from the perspective of patients with mental disorders: contributions to nursing care. *Revista Gaucha de Enfermagem, 37*(3), e51934. <https://doi.org/10.1590/1983->

- Saputra, K. R., Manalu, L. O., & Ramadhan, M. D. (2022). *Gambaran Pemenuhan Kebutuhan Spiritual Pada Pasien Depresi di Poliklinik Psikiatri RS. Rajawali Bandung Tahun 2022*. 133–145.
- Septiarini, K. V., Sulistiowati, N. M. D., & Widyanthari, D. M. (2018). Hubungan Antara Pemenuhan Kebutuhan Spiritual Dengan Tingkat Status Mental Pada Orang Dengan Gangguan Jiwa (Odgj). *Jurnal Ilmu Keperawatan Jiwa*, 1(2), 69. <https://doi.org/10.32584/jikj.v1i2.148>
- Setiawaty, E., & Yuliana, N. (2021). Stres dan Mekanisme Koping dalam Menghadapi Uji Kompetensi pada Mahasiswa D3 Keperawatan di Fakultas Kesehatan Universitas Samawa. *Jurnal Smart Keperawatan*, 8(1), 47. <https://doi.org/10.34310/jskp.v8i1.416>
- Skoko, I., Topić Stipić, D., Tustonja, M., & Stanić, D. (2021). Mental Health and Spirituality. *Psychiatria Danubina*, 33(part II), 822–826. <https://doi.org/10.12968/bjmh.2018.7.3.124>
- Solar, A., Bennett, K., & Hulse, G. (2022). Clinical psychology referral for individuals with auditory verbal hallucinations and schizophrenia: Therapy engagement, hallucination severity and distress. *Australasian Psychiatry*, 30(4), 452–457. <https://doi.org/10.1177/10398562221108815>
- Stege, A. M. R., & Godinez, J. (2022). Trusting in God: Religious and Spiritual Support in Mental Health Treatment Expectations in Mexico. *Journal of Religion and Health*, 61(5), 3655–3676. <https://doi.org/10.1007/s10943-022-01554-0>
- Tao, Y., Yu, H., Liu, S., Wang, C., Yan, M., Sun, L., Chen, Z., & Zhang, L. (2022). Hope and depression: the mediating role of social support and spiritual coping in advanced cancer patients. *BMC Psychiatry*, 22(1), 345. <https://doi.org/10.1186/s12888-022-03985-1>
- Wibawa, Z., & Nurhidayati, L. (2020). IMPLEMENTATION OF INOVATION MEETING SPIRITUAL NEEDS FOR SOUL DISORDERS WITH SPIRITUAL CARE METHOD IN RSJ GRHASIA JOGYAKARTA. *Jurnal Keperawatan*, 12(1), 59–65.
- Yosep, I., Hazmi, H., & Putit, Z. (2022). Experience of Workplace Violence from the Patients among Mental Health Nurses in Indonesia: A Mixed Method Study. *Open Access Macedonian Journal of Medical Sciences*, 10(G SE-Nursing in Internal Medicine), 341–346. <https://doi.org/10.3889/oamjms.2022.7699>